



17621 U.S. PTO

Practitioner's Docket No. 1181.002

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

22387 U.S. PTO  
10/807946



NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of

Inventor(s): Korman et al.

For (title): IMPROVED CULM BLOCK AND METHOD FOR FORMING THE SAME

1. Type of Application

This application is for an original (nonprovisional).

2. Papers Enclosed

- A. Required for filing date under 37 C.F.R. § 1.53(b) (Regular) or 37 C.F.R. § 1.153 (Design) Application

16 Page(s) of Specification  
3 Page(s) of Claims  
1 Sheet(s) of Drawing(s)--Formal (Figs. 1-4)

- B. Other Papers Enclosed

EXPRESS MAILING UNDER 37 C.F.R. § 1.10\*

(Express Mail label number is *mandatory*.)  
(Express Mail certification is *optional*)

I hereby certify that this paper, along with any document referred to, is being deposited with the United States Postal Service on this date 3-24-04 in an envelope addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 as "Express Mail Post Office to Addressee" Mailing Label No. EL994649936US

Date: 3-24-04

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3 Page(s) of declaration and power of attorney - unexecuted  
 1 Page(s) of abstract  
 3 Page(s) of Application Data Sheet (ADS)

**3. Declaration or Oath**

Enclosed and unexecuted.

**4. Language**

English

**5. Assignment**

Will Follow.

**6. Fee Calculation (37 C.F.R. § 1.16)**

Regular Application										
CLAIMS AS FILED										
Number Filed		Number Extra		Rate		Basic Fee 37 C.F.R. § 1.16(a) \$770.00				
Total Claims (37 C.F.R § 1.16(c))										
20	-	20	=	0	x	\$	18.00	=	\$	0.00
Independent Claims (37 C.F.R § 1.16(b))										
3	-	3	=	0	x	\$	86.00	=	\$	0.00
Multiple Dependent Claim(s), if any (37 C.F.R § 1.16(d))										
						\$	280.00		\$	0.00
Filing Fee Calculation								\$770.00		

**7. Fee Payment Being Made at This Time**

Enclosed

Filing Fee \$770.00

**Total Fees Enclosed \$770.00**

**8. Method of Payment of Fees**

Attached is a check in the amount of \$770.00

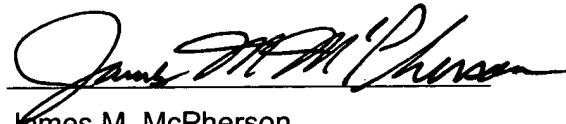
Charge any additional fees required by this paper or credit any overpayment to deposit account no. 50-1097.

**9. Instructions as to Overpayment**

Refund.

Date:

March 25, 2004



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